

Case Number:	CM14-0076158		
Date Assigned:	07/16/2014	Date of Injury:	08/16/2003
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 49-year old employee with date of injury of 8/16/2003. Medical records indicate the patient is undergoing treatment for syndrome postlaminectomy lum. Subjective complaints include severe low back pain but improved on the buprenorphine. Objective findings include tenderness to lumbar spine with palpation to lumbosacral junction; range of motion of lumbar spine is decreased by 50% with flexion; 80% with extension and 40% with rotation bilaterally. Straight leg raise positive on right lower extremity and negative on the left. Deep tendon reflexes are absent and equal at the patella and Achilles bilaterally; Clonus is negative bilaterally; motor strength is decreased at left lower extremity compared to right. Patient sensitive to touch greater on left lower extremity than right. Treatment has consisted of Ducosate Sodium; Promethazine; Pantoprazole-Protonix; Cyclobenzaprine-flexeril; Buprenorphine Hcl Sublingual; Gabapentin tablets; Gralise; Valium; Ibuprofen and Atripla. The utilization review determination was rendered on 5/14/2014 recommending non-certification of 30 Tablets of Gralise 600mg.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

30 Tablets of Gralise 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia Other Medical Treatment Guideline or Medical Evidence: <https://online.epocrates.com> Gralise and Gabapentin.

Decision rationale: The MTUS considers Gralise (Gabapentin) as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. The treating physician does document neuropathic pain and that Gabapentin had decreased pain and improved functionality. Both Gralise and Gabapentin are equivalent medications. According to Epocrates a 30 day supply of 30 tablets of 600 mg of Gralise is [REDACTED] and the same amount for Gabapentin is [REDACTED]. The UR reviewer on 5/14/14 approved Gabapentin and non-certified Gralise due to the cost difference and the fact they are equivalent medicines. As such, without any evidence of neuropathic type pain, the 30 Tablets of Gralise 600mg medication is not medically necessary.